Parks & Recreation (DPR)



OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-30114 APR 23 AM CPISCLOSURE OF FINANCIAL INTERESTS PUBLIC DISCLOSURE FORM
Telephone: 768-3810

FOR CALENDAR YEAR 2014

(PRINT OF	R TYPE CLEARLY)
NAME DEPARTM	Michele Nekota position/elective office Dept. Direct ent/AGENCY Parks + Recreation spouse NA
Check the a	ppropriate box and fill in any applicable dates:
$ \nearrow \swarrow $	You must file within twenty (20) working days after this date disclosing financial terests hele during the preceding calendar year.
Al fin	NNUAL STATEMENT: You are required to file not later than January 31 of each year disclosing all ancial interests held during the preceding year.
L file	EAVING OFFICE STATEMENT: You are leaving or have left your office on and _ must ea a statement within ten (10) working days of that date. You must disclose financial interests held uring the preceding calendar year.
—— as	ANDIDATE STATEMENT: You must file no later than ten (10) working days after the deadline for filing a candidate for office disclosing interests held during the calendar year preceding the due date of the atement.
	VERIFICATION
i de through 9, a	eclare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 and to the best of my knowledge the information provided in this form is true and correct.
Date	4/23 , 20 M/ Signature My Metot

GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

"F" for filer

"SP" for spouse

"DC" for dependent children

"JT" for joint interests of the filer and filer's spouse

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

E. Less than \$1,000	E. \$50,000 - \$99,999	1. \$300,000 - \$399,999	M. \$700,000 - \$799,999
F. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
G. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
H. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. INCOME. Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

	None	Additional sheets	attached		
	Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
M. K.	chele Nekoti		Parks & Recredion Director		H. \$25,000- \$49,999

obligation suc	Additional sheets attache	ed		
Person(s) Incurring Debt	Creditor	Original Loan	Amount	Amount Outstanding
OWNERSHIP	OR INTERESTS IN			
incorporated, re regulated final	erests having a value of egulated, or licensed to ca	\$5,000 or more or equarry on business in Haw I insurance policies, o der this item.	ıal to 10% or more zaii. Do not report a	of ownership of business
incorporated, regulated final trust, if the fun	erests having a value of egulated, or licensed to cancial institutions, mutuand or trust is disclosed un	\$5,000 or more or equarry on business in Haw I insurance policies, o der this item.	ıal to 10% or more zaii. Do not report a	nly report ownerships of of ownership of businesse accounts in federal or state in a mutual fund or blir

4. OWNER busines	ses incorpor	INTERESTS Tated, regulated,	or licensed to	ED. Only report carry on busine	transfers of ss in Hawaii d	ownership uring this p	s or interests in past year.
Owne	rship or Inte	erest	Date of Tra	ansfer			
positions also incl	as trustee ude being a s in non-pro	in any business	s or organizati holder in a sm	on, whether or n	ot operated for	or profit Fi	directorships, or duciary positions o report fiduciary
Position	Holder		e & Address o Organiza		Term of	Office	Annual Compensation
6. CREDIT		STS IN INSOL		E SS worth \$5,00	0 or more.		
Holder		Name & A Busir		Nature of I	Business		Value

7.	CLIENTS PERSONALLY REPRESENTED BEFORE CITY AGENCIES. Only report representation fo which you have received compensation during the preceding calendar year. Do not report representation involving ministerial matters. "Ministerial matters" do not require discretionary authority and do not need to be disclosed.					
	None	Addition	al sheets attached			
	Represent	ative	Client	City A	gency	Nature of Representation
-	8. REAL P reasonal street achildren; "personal None		IED. Only report real as assessed value, personal residence not to report the taxal sheets attached	al property owned. You are not requestor the personal x map key numbe	Report the vired to report to residence of and street a	value of the property in any he tax map key number and your spouse or dependent address, identify instead as
	Owner(s)	Tax Mar	Key Number & Stre	eet Address	Value	Voor Ohtoined
(Ď	mily- sisters, Brother,	Person	al Reside		#1,2	Year Obtained AP 2008
<i>+</i> 1	even if it number depende	ROPERTY TRA during the prece is less than the and street addre	value (as in the cases for your person bu choose not to re	ror this item, indise of a gift). You a	cate the actua ire not require	in the City and County of Il amount of the transaction, d to report the tax map key sidence of your spouse or and street address, identify
	None	Addition	al sheets attached			
	Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key	/ Number & Street Address



OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810



2014 JAN 30 PM 1: 32

PUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2014

(PRINT	OR TYPE CLEARLY)			
NAME	JEANNE C. ISHIKAWA	_ POSITION/ELECTIVE OFFICE _	DEPUTY DIRECTOR	
DEPAF	RTMENT/AGENCY DEPARTMENT OF PARKS AND RECRE	ATION		
NAME	OF SPOUSEn/a			
Check	the appropriate box and fill in any applicable dates:			
	INITIAL STATEMENT: Date on which you assumed office or beg You must file within twenty (20) working days after this date disc	gan employment in this position losing financial interests held during	the preceding calendar year.	
√	ANNUAL STATEMENT: You are required to file not later than Japaneseding year.	anuary 31 of each year disclosing a	Il financial interests held during t	he
	LEAVING OFFICE STATEMENT: You are leaving or have left you file a statement within ten (10) working days of that date. You may			nd mus year.
	CANDIDATE STATEMENT: You must file no later than ten (10) disclosing interests held during the calendar year preceding the c	working days after the deadline for due date of the statement.	filing as a candidate for office	
	VERIFI	ICATION		
knowled	I declare that I have used all reasonable diligence in preparing the dge the information provided in this form is true and correct.	his form, that I have reviewed Item	Nos. 1 through 9, and to the bes	st of my
Date (<i>Jan. 30</i> , 20 14. Signatu	MARIE -		

GENERAL INSTRUCTIONS

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All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

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C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None Additional sheets attached

	Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F		City & County of Honole	Deputy Director	Feb. 2013-current	E
F		Hawaii Teamsters Loca	Business Agent	JanFeb. 2013	С
_					

[&]quot;F" for filer

[&]quot;SP" for spouse

[&]quot;DC" for dependent children

[&]quot;JT" for joint interests of the filer and filer's spouse

	of consumer goods, None	whatever the amount. I		ed obligation such a	as a home mortgage or	a car loan. Do report stude	ent loans.
	Person(s) Incurring De	ebt C	Creditor	Origina	I Loan Amount	Amount Outstandin	g
3.	or more or equal to 1 accounts in federal	0% or more of ownership	o of businesses in cial institutions, r	ncorporated, regulate	ed, or licensed to carry o	al interests having a value on on business in Hawaii. Do ns in a mutual fund or blin	not report
	✓ None	Additional sheets at	tached				
	Owner(s)	Business Name a Address		ure of Business	Percentage of Inter	rest Value of Inter	est
			}				

4. OWNERSH licensed to	IIP OR INTERESTS carry on business in	RANSFERRED. Only report transfers of ownerships or interests Hawaii.	in businesses incorporated, regulated, o
✓ No	ne Addition	al sheets attached	
Owi	nership or Interest	Date of Transfer	
organizatio	n, whether or not op	ary positions include, but are not limited to, officerships, directorships erated for profit. Fiduciary positions also include being a majorit uciary positions in non-profit corporations.	s, or positions as trustee in any business o y shareholder in a small or closely held
□ Nor	<u>—</u>	al sheets attached	
Position	Holder	Name & Address of Business or Organization Term	Annual of Office Compensation
nair	F	Wahiawa-Whitmore Village Neighborhood Board № Ends June	e 30, 2015 None
pard of Directors	F	Wahiawa Center for Community Health (WCCH) 🖪 Ends Dece	ember 2014 None
oard Member	F	Hawaii Film & Entertainment Board (HFEB) 949 🗲 No Term Ł	_imit None
oard Member	F	Media Council Hawaii (MCH) 949 Kapiolani Boule No Term L	_imit None
ard Member	F	Live Music Awareness (LMA) P. O. Box 22879 Honolulu, Hawaii 96823	Limit None

None Add	litional sheets attached			
Holder	Name & Address o	f Business	Nature of Busine	ess Value
CLIENTS PERSONALLY RE the preceding calendar year authority and do not need to	EPRESENTED BEFORE CITY AGENC Do not report representation involved be disclosed.	CIES. Only report reving ministerial ma	epresentation for wh tters. "Ministerial ı	nich you received compensatio matters" do not require discr
None Add	itional sheets attached			
Representative	Client	City A	gency	Nature of Representation

None	Additional sh	neets attached			
Owner(s)	Tax Map Key Number & Street Address			Value	Year Obtained
	TMK 750210410000 1610 Wonder View Place			К	1998
	TMK 740160340000 37 Makaweo Avenue			J	2012
REAL PROPE	ERTY TRANSFERRED	. Only report real pro	operty transferred in	the City and County of Hon- less than the value (as in th	olulu during the preceding cal
✓ None		eets attached			5 Caso 6. 2 gy.
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Number & Street Address	